

North Carolina



Current Information on North Carolina Case Mix Reimbursement

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The *North Carolina News* is a publication produced under contract with The North Carolina Division of Medical Assistance by Myers and Stauffer LC 9265 Counselors Row, Ste. 200 Indianapolis, IN 46240

The *North Carolina News* is published to keep all interested parties current on North Carolina Case Mix Reimbursement. Its goal is to provide information on major issues, work groups, and upcoming activities. The articles presented here are only a synopsis of the topics and are not intended to present a complete analysis of the issues.



Medicaid Case Mix Coordinator
(919) 855-4356

Medicaid Case Mix Manager
(919) 855-4350

MDS Clinical and Automation Questions? Help Desk
(919) 715-1872 x212

Case Mix and Medicaid CMI Report Questions?
Myers and Stauffer
(800) 763-2278

2005-2006 MDS Validation Review Update

The Medicaid MDS Validation reviews for fiscal year 2005-2006 began October 2005 and will continue through September 2006. Approximately one-half of the facilities in the state have been completed.

The medical record unsupported threshold for fiscal year 2005-2006 is greater than 40%, beginning with reviews October 1, 2005 and continuing through September 2006.

With approximately one-half of the reviews completed, 68% of facilities have successfully passed the state threshold of 40% or less unsupported.

As a reminder, facilities will continue to be notified at least 3 business days prior to the scheduled visit. However, the schedule is subject to change. For example, if the review is scheduled for a Wednesday, the facility could be reviewed as early as Monday, or as late as Friday. Never the less, facilities will be notified as soon as possible if it becomes necessary to change the original date. This will allow for unanticipated schedule changes, such as when State Survey is in a facility.



Records requested during a review must be presented within a reasonable time frame. It is a facility's responsibility to have its medical records in order and available.

The length of the review will be based on the number of medical records to be reviewed, the length of time taken for medical records to be given to the reviewers, and the orderliness of the medical record.

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Dear Patty...



The "Dear Patty..." column is a regular feature in each issue of *The North Carolina News*. Patty Padula, Myers and Stauffer's RN consultant, will discuss questions that are frequently answered by our staff. We welcome your questions for future issues.

Dear Patty:

Q. Will an ADL summary note covering the observation period suffice for ADL documentation?

A. No, a summary note covering the observation period will **not** be sufficient for the MDS Validation Review. The current MDS Validation Review Supportive Documentation Guidelines for G1a, G1b, G1i Columns A,B and GihA state that "These four late loss ADLs include bed mobility, transfer, toileting, and eating and must be documented for the full observation period in the medical chart for purposes of supporting the MDS responses. Consider the resident's self performance and support provided during all shifts, as functionality may vary." The Minimum Documentation Standards state that "Documentation requires 24 hours/7 days within the observation period while in the facility. Must have signatures and dates to authenticate the services provided. If using an ADL grid, key for self-performance and support provided must be equivalent to the MDS key."

Please submit your questions to the Myers and Stauffer Help Desk Staff 800-763-2278.

Website

The Resources section of our Myers and Stauffer website (www.mslc.com) contains helpful information such as the latest Supportive Documentation Guidelines, newsletters, documentation tools, order forms and much more! Check it out!!

2005-2006 MDS Validation Update ... Continued from Page1

Any documentation produced after the close of the Exit Conference will **not** be considered as supporting documentation.

DMA reserves the right to conduct a follow-up review as needed, but not earlier than 120 days following the exit date of the prior MDS Validation review. This follow-up review will follow the same procedure as the prior review and at least 3-business days notice would be given.

MDS Validation Review Training

April 11 through April 20, 2006, Myers and Stauffer offered state authorized training in five locations throughout the state.

These seminars were designed and produced under contract with the Division of Medical Assistance. The latest statistics of the Medicaid MDS Validation reviews were presented, including a discussion of the most unsupported MDS RUG-III items.

Special emphasis was spent on a thorough discussion of updated supportive documentation guidelines, restorative nursing program elements and documentation on Mood, Behavior and Cognition MDS items.



Case studies were presented that included a RUG-III calculation and demonstrated the financial impact of an unsupported assessment.

Remember that any seminar provided by Myers and Stauffer in conjunction with DMA offers the latest news and state authorized case mix information available.

Nursing Restorative

Nursing Restorative programs continue to be a problem supporting for the MDS Validation reviews. A few things to remember:

According to the RAI Manual, there are five criteria that a Nursing Restorative/Rehabilitation Program must meet:

- Measurable objectives and interventions must be documented in the care plan and in the clinical record
- Evidence of periodic evaluation by licensed nurse must be present in the clinical record
- Nurse assistants/aides must be trained in the techniques that promote resident involvement in the activity
- These activities are carried out or supervised by members of the nursing staff
- This category does not include groups with more than four residents per supervising helper or caregiver

Days of restorative nursing must be cited in the medical chart on a daily basis. Minutes of service must be provided daily to support the program and total time is then converted to days for coding on the MDS. Direct restorative days and minutes with associated signature(s) and date(s) must be provided.

The active or passive movements by a resident that are incidental to dressing, bathing, etc. do not count as part of a formal restorative care program.

The new Supportive Documentation Guidelines, effective with assessments reviewed with an ARD date (A3a) on or after 7/1/06, define "periodic evaluation" as an evaluation by a licensed nurse within the observation period.

There is additional information regarding group exercise programs and splint/brace assistance programs in the supportive documentation guidelines.

Revised MDS Validation Review Supportive Documentation Guidelines Coming Soon

There will be revised MDS Validation Review Supportive Documentation Guidelines published this Spring. They were discussed at the DMA seminars in April. They are being presented in a slightly different format, which includes the RUG-III categories impacted by each MDS RUG-III item. Implementation of the new guidelines will be applied to assessments with an A3a date of July 1, 2006 and after.

Quality Initiatives

With the implementation of case mix reimbursement in North Carolina, each nursing facility provider became responsible for instituting at least one long term care quality initiative in their facility.

The state will be reviewing these initiatives in the facilities in the near future. For now, facilities may refer to the nursing facility provider enrollment agreement posted on the DMA website on page 3 under Section C, number 10. Additional information about initiatives will be available soon.

Join Our Mailing List

If you would like to receive announcements such as seminar notifications, newsletters, etc. electronically, please send an email to NCHELPDESK@mslc.com. Please type "subscribe" in the subject line. In the body of the message, please include your full name, title, phone number and facility/company name.

Reconsideration Process

Post Review Timeline Sample

Below is an example of the reconsideration process. Please note that the dates provided are for demonstration purposes only.

Requirement	Timing	Example
Exit Conference	Any date	03/01/2006
10-Day Summary Letter	Must be submitted to the facility no later than 10 business days following the exit conference	03/15/2006
Reconsideration	A formal request to DMA is due no later than 15 business days following receipt of the 10-day summary letter	04/05/2006
DMA Response to the Reconsideration	A decision from DMA regarding the facility's request for reconsideration of a review matter is due no later than 20 business days following the receipt of the request for an reconsideration	05/03/2006
DMA Response to the Second Reconsideration	A second request to DMA is due no later than 10 business days following receipt of the first reconsideration decision from DMA	05/17/2006
DMA Response to the Second Reconsideration	Is due no later than 30 days following receipt of the second decision from DMA regarding the request for the informal reconsideration <i>No further reconsideration is available to the facility.</i>	06/28/2006
Repeat Review	No sooner than 120 calendar days following the exit conference date	06/29/2006

Myers and Stauffer LC
9265 Counselors Row
Suite 200
Indianapolis, IN 46240

ROUTE TO:

Administrator _____
 Director of Nursing _____
 MDS Coordinator _____
 Data Entry Personnel _____
 Consultants _____
 Other _____

ATTENTION:
MDS
COORDINATOR